PART B-ISSUE FEE TRANSMITTAL Complete and mail this form, togethe **Box ISSUE FEE** n applicable fees, to: **Assistant Commissioner for Patents** Washington, D.C. 20231 MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for Certificate of Mailing maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on QM12/0321 the date indicated below. NEIL C JONES DORITY & MANNING 700 E NORTH STREET (Depositor's name) Martha Boynton SUITE 15 (Signature) GREENVILLE SC 29601 April 7, 2000 (Date) APPLICATION NO. FILING DATE **TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 09/159,436 09/24/98 017 MOHANTY, B 3741 03/21/00 First Named TANKERSLEY, 35 USC 154(b) term ext. Applicant O Days. TITLE OF FOLDED SURGICAL GOWN FOR ASEPTIC DONNING APPARATUS AND METHOD FOR INVENTION PRODUCING SAME ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE Э KCX-26-DIV 223-037.000 J89 UTILITY MO \$1210.00 06/21/00 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent 1Nelson Mullins Riley & attorneys or agents OR, alternatively, (2) Scarborough the name of a single firm (having as a ☐ Change of correspondence address (or Change of Correspondence Address form member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropriate when an assignment has been previously submitted to xx Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for X Advance Order - # of Copies 10filing an assignment. (A) NAME OF ASSIGNEE Kimberly-Clark Worldwide, Inc. 4b. The following fees or deficiency in these fees should be charged to: Neenah, WI (B) RESIDENCE: (CITY & STATE OR COUNTRY) 50-1196 DEPOSIT ACCOUNT NUMBER_ (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee ☐ individual ☐ Advance Order - # of Copies The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) (Date) 00000174 09159436 NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS **BERE!** ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE 28